

# North County Fire Protection District

11200 Speegle Street, Castroville, CA 95012  
(831) 633-2578 (831) 633-2572 (fax)

## Ride Along Program Request

To participate in North County Fire District's Ride Along Program, you must be at least 16 years of age. Minors must have a release form signed by parent/guardian, and must be in good health. Participant must dress neatly and conservatively. No firearms, cameras or recording devices will be allowed. Alcoholic beverages and/or drug use is prohibited. A Liability Waiver must be signed prior to participating in this program.

### General Information:

Date Requested: \_\_\_\_\_ Times: \_\_\_\_\_ (am/pm) to \_\_\_\_\_ (am/pm)  
Age of Participant: \_\_\_\_\_ Parents Signature: \_\_\_\_\_  
(if minor)

### Personal Information:

Full Name (Last, Initial, First): \_\_\_\_\_  
Residence: \_\_\_\_\_  
Mailing Address (if different than above): \_\_\_\_\_  
Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_  
Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Place of Birth: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

### Employment/School:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

### Emergency Contacts:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### For Office Use Only

Reviewing Chief Officer : \_\_\_\_\_ Date Application was submitted: \_\_\_\_\_  
Station/Shift: \_\_\_\_\_ Co. Officer: \_\_\_\_\_  **Yes**, request granted  **No**, request denied

Notified Company Officer of Scheduled Ride Along

Chief Officer's

Signature: \_\_\_\_\_

**North County Fire Protection District**

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***Ride Along Release***

I, \_\_\_\_\_, in consideration of the privilege of being able to accompany certain Engine Companies of the North County Fire Protection District in order to further my understanding of firefighting problems, do hereby agree and consent to release and hold harmless the North County Fire Protection District, their agents and employees, from any accident, occurrence claim, suit, damages, or liability which may arise out of participation in the "Ride Along Program" with the North County Fire Protection District.

I hereby certify under penalty of perjury that I have read and understand the foregoing release and freely and voluntarily execute the same of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in the County of Monterey, California.

\_\_\_\_\_  
Parent/Guardian's Signature (if minor)

\_\_\_\_\_  
Applicant's Signature

***Evaluation of Ride Along Participant***

Ride Along Participant Name: \_\_\_\_\_

Date of Ride Along: \_\_\_\_\_

Engine Company: \_\_\_\_\_

**Check all that apply.**

Participated as an interested citizen wanting to observe the function and duties of a firefighter.  
 Interested in a career in firefighting.  
 Participated as a result of a school project.  
 Member of another fire department.

<b><u>Yes</u></b>	<b><u>No</u></b>	
<input type="checkbox"/>	<input type="checkbox"/>	Responsive to program.
<input type="checkbox"/>	<input type="checkbox"/>	Cooperative.
<input type="checkbox"/>	<input type="checkbox"/>	Interfered with duties of the firefighter.
<input type="checkbox"/>	<input type="checkbox"/>	Neatly dressed.
<input type="checkbox"/>	<input type="checkbox"/>	Participant should be allowed to ride in the future.

Additional Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Officer: \_\_\_\_\_

Date: \_\_\_\_\_

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***Participant Evaluation of the Ride Along Program***

**Participant Information:**

Name: _____	Age: _____
Address: _____	Phone: _____
Date of Ride Along: _____	Engine Company: _____

I was given the opportunity to ride along with an engine company at the North County Fire Protection District. The following is my evaluation and comments of the program:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note:**

Please return this evaluation form to:

**North County Fire District, 11200 Speegle St., Castroville, CA 95012**

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**Health Insurance Portability and Accountability Act (HIPAA)  
Compliance Agreement**

I, \_\_\_\_\_, have been fully advised of the conditions and mandates governed by the Health Insurance Portability and Accountability Act (HIPAA). And, in compliance with this Act, I do hereby agree and pledge to **keep all protected information pertaining to all patients confidential**.

I hereby certify under penalty of perjury that I have read and understand the foregoing release and freely and voluntarily execute the same of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in the County of Monterey, California.

\_\_\_\_\_  
Parent/Guardian's Signature (if minor)

\_\_\_\_\_  
Applicant's Signature